

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/577848</i>	FILING DATE
							APPLICANT(S)	
<i>Included 1 Per</i> <b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1					
2				1				
3				2				
4			1					
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TOTAL CLAIMS			7					
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